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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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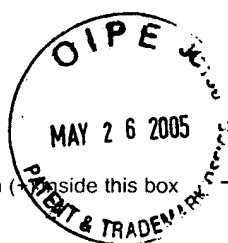
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/781,250	
	Filing Date	2/18/2004	
	First Named Inventor	Backes	
	Group Art Unit		
	Examiner Name	Not yet known	
Total Number of Pages in This Submission		Attorney Docket Number	160-034

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Remarks		Please charge any deficiency or credit any overpayment to Deposit Account No. 502569.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Mary Steubing, Reg. No. 37,946 Steubing McGuinness & Manaras LLP
Signature	
Date	5/24/05

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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

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Firm or Individual name	Mary Steubing, Reg. No. 37,946 Steubing McGuinness & Manaras LLP
Signature	<i>Mary Steubing</i>
Date	5/24/05

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Signature	<i>Christine M. Morrisette</i>	Date	5-24-05

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Backes	Group Art Unit: Examiner:
Serial No.: 10/781,250	
Filed: 2/18/2004	
Title: Program for Selecting an Optimum Access Point on a Wireless Network on a Common Channel	
Attorney Docket No.: 160-034	

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

STATEMENT UNDER 37 CFR 1.97(e)

Dear Sir:

The undersigned hereby certifies that either:

- (X) Each item of information contained in the Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application, not more than three months prior to the filing of the statement, or
- () No item of information contained in the Information Disclosure Statement
 - was cited in a communication from a foreign patent office in a counterpart foreign application, and
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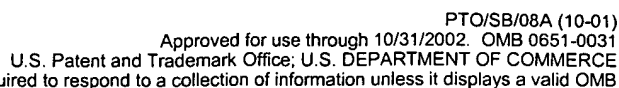
Signature: Christine M. Morrisette

Respectfully submitted,

Mary Steubing
Mary Steubing, Reg. No. 37,946
Attorney/Agent for Applicant(s)
Steubing McGuinness & Manaras LLP
125 Nagog Park Drive
Acton, MA 01720

Date: 5/24/05

Telephone No.: 978-264-6664



Substitute for form 1449A/PTO				Complete if Known <table border="1"> <tr> <td>Application Number</td> <td>10/781,250</td> </tr> <tr> <td>Filing Date</td> <td>2/18/2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Backes</td> </tr> <tr> <td>Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td>Not yet known</td> </tr> <tr> <td>Attorney Docket Number</td> <td>160-034</td> </tr> </table>		Application Number	10/781,250	Filing Date	2/18/2004	First Named Inventor	Backes	Art Unit		Examiner Name	Not yet known	Attorney Docket Number	160-034
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INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>																	
Sheet	1	of	1														

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Examiner Signature		Date Considered	
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